Effective December 29, 1999												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR	OTHER SMALL	
FOR NUMBER FILED NUMBER EXTRA						RAT	Έ	FEE]	RATE	REFO	
BASIC FEE							S)	345.00	OR	F F F	690.00	
TOTAL CLAIMS			J	Sp minus 2				9=		OR	X\$18=	188
INDEPENDENT CLAIMS 4 minus 3 = 3						X39)=		OR	X78=	234	
MU	LTIPLE DEPEN	LAIM PR	RESENT	+13	0=		OR	+260=				
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	1182.
CLAIMS AS AMENDED - PART II OTHER THAN												_
(Column 1) (Column 2) (Column 3)								LL	ENTITY	OR	SMALL	NTITY
MTA		REM	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	7	Minus	. 26	=	X\$	9=		OR	X\$18=	
MEN	Independent		2	Minus	··· (a	= /	X39)=		OR	X78=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)= -		OR	+260=	
BEST AVAILABLE COPY								TAL FEE		OR	TOTAL ADDIT, FEE	/
4	1.765	(Coli	ımn 1)		(Column 2)	(Column 3)				•		
AMENDMENT B		REM A	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	7	Minus	-20		X\$:	9=		OR	X\$18=	
4MEI	Independent	• (7	Minus	··· (g.	= -	X39)=		OR	X78=	Í
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								0=		OŘ	+260=	5
								FEE		OR	YOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)										•		
ENTC		CI REM	AIMS IAINING FTER NOMENT			PRESENT	RA	re	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	·		Minus	••	-	X\$	9= ·		OR	X\$18=	
HE	Independent	•.		Minus	•••	8	X3:) =	The state of	OH	X78-	1 (1.5)
H	FIRST PRESE	+13	 0=		OR	+260=						
i	if the entry in colu	mn 1 ls	less than	the entry in col	umn 2, wiite "O" in IS SPACE is less	column 3. than 20; nter "20		TAL			ADDIT. FEE	11.14
1	If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

Applix.

or Docket Number

FORM PTO-475 (Rev.)2/89) and the Hole Deliging the

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